Fee: \$120 (no late fee, no pro-ration)

	<b>BoH Permit Issued</b>	
Date:	Initials:	

## Town of Williamstown Board of Health

## Application for Permit to Install Private Sewage Disposal Systems All applications must be filled out completely and legibly.

New License Renewal	
Company Name	Tel. #
Address	
Owner/Manager	Tel. #
E-mail Address	
List of Certified Employ	vees and Date of Certification
	resent during each installation. Copies of every company this application.)
<u>Name</u>	<b>Certification Date</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
The State Environmental Code, Title 5: Standard	accordance with the provisions of 310 CMR 15.000 d Requirements for the Siting, Construction, Inspection, tment and Disposal Systems and for the Transport and
Pursuant to MGL Ch. 62, sec 49A, I certify, under knowledge and belief, I have filed all state tax retur	r the pains and penalties of perjury that, to the best of my rns, and paid all state taxes as required under law.
The applicant will notify the Department of hours in advance of any system or component	f Inspection Services at (413) 458-9344 at least 24 that is ready for inspection.
Inspections will be scheduled not later than 2	business days after notification.
Signature of Applicant	Date of Application